

CLINICAL PROCTORING FORM
ATTENDING STAFF NEW MEMBERS EVALUATION
Department of Anesthesiology
LAC+USC Medical Center
(one form per case)

Name of Physician Being Observed: _____

Name of Proctoring Member: _____

Date of Procedure: _____

Type of Procedure: _____

Name of Patient: _____

Patient File Number: _____

Type of anesthetic, technique of airway management if any: _____

Was Anesthesia Plan appropriate to the procedure and the patient? If the answer is no, explain:

Does the candidate appear to have good command of specialty?

Does the candidate recognize changing conditions and complications in a timely manner? Does the candidate address change conditions or complications in a timely manner and in a manner which is consistent with the standard of care:

Please use the reverse side for any other comments, which may affect the decision of the departmental chairman regarding membership.

Evaluation Element	Excellent	Good	Fair	Poor	Unknown
A. Patient Care and Clinical Judgment					
B. Medical Knowledge					
C. Practice-based Learning and Teaching Skills					
D. Interpersonal and Communication Skills					
E. Professionalism					
F. Systems-base Practice / Use of resources					

Proctoring Physician's Signature

Date